

# Work Order ID 86935

**\*86935\***

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July-09-12 2:51:26 PM

Item ID: D212-664-207 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Crosstube Low Standard Aft  
 Start Date: 7/06/12 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 7/06/12 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: 12/07/10 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start **\*NR1\***  
 Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D212-664-247	Rev B (DEO)								
100		0.00							
<b>*100*</b>	DOCUMENT CONTROL								
DC	Memo	0.00							
Document Control	Photocopy bluefile and create labels as per PPP D212-664-207 CHG002								
110	Pick Kit	0.00							
<b>*110*</b>	Packaging								
Packaging	Memo	0.00							
Packaging									
120		0.00							
<b>*120*</b>	BENDING MACHINE - CROSSTUBES								
CNC Bend 2	Memo	0.00							
CNC Alpha 160 Bender	Bend tube as per Dwg D212-664-247 using CNC bender program and Folio FT								

DAS  
15  
2-89

12-10-31

J. G. MLJ 12-10-31

MO 12/10/17

MO / RM 12-10-18

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Résolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

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 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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130 QC15- Crosstube Dimensional Check 0.00

\*130\*

QC

Quality Control

Memo

0.00



12/10/18



140

\*140\*

Crosstubes

Crosstubes

Crosstubes

Memo

1-Drill Rivet holes as per Dwg D212-664-247 using DT8972. \*\*\*Use T-Pin\*\*\*

2-Drill pilot holes in tube as per Dwg D212-664-247 using DT8550 and DT8551

3-Ream hole to finish size in tube as per Dwg D212-664-247

4-\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\* Deburr  
 & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-247

5-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-247

0.00

0.00

TRM

12-10-20

JW

12-10-22

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O  Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***	0.00 0.00							
160 *160* HandFXtube Hand Finishing Crosstubes	1- CLEAN CROSSTUBE WITH WASH'N WIPE  Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***	0.00 0.00							
180 *180* Outsource2 Outsource process - NDT	Outsource process - NDT per QSI038 4.1  Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***  Liquid Penetrant Inspection as per QSI 038 Issue P/O: 19223 LPI as per ASTM 1417 Level 2 Attach copy of NDT results to work order	0.00 0.00							

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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# Work Order ID 86935


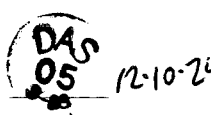
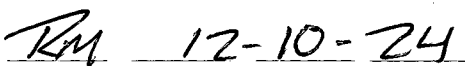
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 Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start \*NR1\*  
 QC: Date: SPC (Y/N): Date: Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
190 *190* Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Packaging Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Ensure copy of NDT results attached to work order.	0.00 0.00							
200 *200* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** Inspect for damage & ensure results are as per Dwg D212-664-207	0.00 0.00							
204 *204* HandFXtube Hand Finishing Crosstubes	Crosstubes Chemical Conversion Memo *** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE*** 1- PRESSURE WASH AND THEN USE WASH'N WIPE TO CLEAN CROSSTUBE AND CUFF BEFORE CHEMICAL CONVERSION	0.00 0.00							

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

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Item ID: D212-664-207 Accept \*N900040100\* Setup Start \*NS1\*  
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 Start Date: 7/06/12 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 7/06/12 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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206

QC7-Inspect Chemical Conversion Coat

0.00

\*206\*

QC

Memo

0.00

Quality Control

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

210

0.00

\*210\*

Crosstubes

Crosstubes

Memo

0.00

Crosstubes

\*\*\* WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE\*\*\*

1-Rivet and assemble Cuffs with T-Pin in the through bolt holes as per Dwg  
 D212-664-247. with Sika flex in Between tube & Cuff

A/R SIKAFLEX -241/-291 BATCH: 123025

DAS  
16  
8-3-12

1 0 0 A2  
12-10-25

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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**NOTE:** Date & initial all entries

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Item ID: D212-664-207 Accept \*N900040100\* Setup Start \*NS1\*  
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 Start Date: 7/06/12 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 7/06/12 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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215	QC5- Inspect part completeness to step on W/O	0.00							
*215*									
QC	Memo	0.00							
Quality Control	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								
	***Inspect cuff with T-Pin***								

220	Spray Painting per QSI005 4.2	0.00							
*220*	SprayPaint								
SprayPaint	Memo	0.00							
Spray Painting	*** WEAR LATEX GLOVES WHEN HANDLING CROSSTUBE***								

1-Prime inside and outside crosstube as per QSI 005 4.2  
 2-Paint outside crosstube with White Imron as per QSI 005 4.2

PRIME:  
 Start Time: 9:50  
 Finish Time: 10:40

PAINT:  
 Start Time: 2:00  
 Finish Time: 3:40

DAS  
 05  
 9-89 12 10 28

# Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 86935

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Item ID: D212-664-207 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Crosstube Low Standard Aft  
 Start Date: 7/06/12 Start Qty: 1.00 \*1\* Cust Item ID:  
 Required Date: 7/06/12 Req'd Qty: 1.00 \*1\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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230	QC14- Inspect Spray Paint	0.00							
*230*									
QC	Memo	0.00							
Quality Control	Wrap in plastic bag to protect from scratches								

240	Crosstubes	0.00							
*240*									
Crosstubes	Memo	0.00							
Crosstubes	1- Assemble as per Dwg D212-664-247								

1-Abrade mating surfaces of support and crosstube with 400 grit sandpaper,  
 clean the area with 4105S wash 'n' wipe

2-Install supports with Proseal 890 per DSI9563 and QSI 015  
 A/R Proseal 890 Batch: 123103

3- Torque bolts as per dwg

12-10-29 (X)

DAS 05 12-10-29

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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**NOTE:** Date & initial all entries

# Work Order ID 86935

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Item ID: D212-664-207 Accept \*N900040100\* Setup Start \*NS1\*  
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 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
250	QC5- Inspect part completeness to step on W/O	0.00							
*250*									
QC	Memo	0.00							
Quality Control									
255	Pick Kit	0.00							
*255*									
Packaging	Memo	0.00							
Packaging									
260	QC4- 100% Inspect kits for completeness	0.00							
*260*									
QC	Memo	0.00							
Quality Control									

DAS 16 2-89 12/01/30

12/01/30 2B 12/01/30 2B

DAS 15 2-89 12/01/30

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

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 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
270	Packaging	0.00							
*270*									
Packaging	Memo	0.00							
Packaging	Identify and pack for shipping as per PPP D212-664-207								
280	QC21- Final Inspection - Work Order Release	0.00							
*280*									
QC	Memo	0.00							
Quality Control									

12/10/31

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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# Picklist Print

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Work Order ID: 86935

Parent Item: D212-664-207

Start Date: 7/06/12

Required Date: 7/06/12

Parent Item Name: Crosstube Low Standard Aft

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A New Issue 07.09.12 EC verified by: JLM  
 IPP Rev:B ECN 1100p 08-01-11 DD verified by: EC  
 IPP Rev:C ECN 1121 08-02-25 DD verified by: eC  
 IPP Rev: D QC5 replaced by QC15 at step 5 KJ Verified by: ec

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D212-664-207TRNRevA Crosstube Turning Detail		Manufactured	No	B89855		110	Each	0.0000	1	1		MO 12/10/17	
D3660-1 CUFF		Manufactured	No			140	Each	16.0000	2	2			
				<u>Location</u>		<u>Loc Qty</u>	<u>Loc Code</u>						
				LG	B88394	4				2		MO 12/10/18	
				80359		4							
				ST482		12							
				53501		1							
				76983		11							
CR3212-4-06 CHERRY RIVET		Purchased	No			220	Each	372.0000	44	44		12-10-25	
				<u>Location</u>	122378	<u>Loc Qty</u>	<u>Loc Code</u>						
				ST330		319							
				120521		119							
				122141		200							
				ST331		53							
				112492		18							
				112794		8							
				119717		27							

W/O:		WORK ORDER CHANGES					
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Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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Work Order ID: 86935

Parent Item: D212-664-207

Parent Item Name: Crosstube Low Standard Aft

Start Date: 7/06/12

Required Date: 7/06/12

Start Qty: 1.00

Required Qty: 1.00

D3595-063-530  
RUBBER CUSHION

Manufactured No

240 Each 137.0000 4 4

W/ 12.10.29

Location	Loc Qty	Loc Code
LG	98	
79932	18	
82656	80	
MAT052	39	
63407	6	
67185	6	
70067	18	
72745	2	
75783	7	

B# 87833

D2940-1  
Support

Manufactured No

240 Each 31.0000 2 2

W/ 12.10.29

Location	Loc Qty	Loc Code
LG052	31	
79118	11	
82657	20	

B# 71829

MS21920-28  
Clamp(per MIL-DTL-8783C)

Purchased No

240 Each 88.0000 4 4

W/ 12.10.29

Location	Loc Qty	Loc Code
FG	5	
105884	5	
LG050	25	
116839	2	
118713	4	
120054	2	
121067	17	
LG051	58	
121440	8	
122204	50	

B# 123243

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Shop Packet Print

Page 2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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**NOTE:** Date & initial all entries

# Picklist Print

July-09-12 2:51:26 PM

Page 3

Work Order ID: 86935

Parent Item: D212-664-207

Parent Item Name: Crosstube Low Standard Aft

Start Date: 7/06/12

Required Date: 7/06/12

Start Qty: 1.00

Required Qty: 1.00

D3428-1 Manufactured No  
Placard

255 Each 33.0000

90993<sup>1</sup> JB 50

Location	Loc Qty	Loc Code
ST042	33	
78933	2	
81881	9	
83582	10	
85228	12	

Smb

MS21042L6 Purchased No  
Nut

255 Each 491.0000

6 122441<sup>6</sup> JB 50

Location	Loc Qty	Loc Code
ST300	491	
117677	25	
118384	3	
118927	48	
119075	215	
120308	200	

Smb

AN960JD616 NAS1149D0663J Purchased No  
Washer

255 Each 0.0000

18 123021<sup>18</sup> JB 50

AN6-40A Purchased No  
Bolt

255 Each 124.0000

4 122416<sup>4</sup> JB 50

Location	Loc Qty	Loc Code
ST342	124	
120187	66	
120833	4	
121584	4	
121827	50	

Smb

AN6-41A Purchased No  
Bolt

255 Each 65.0000

2 122407<sup>2</sup> JB 12/10/30

Location	Loc Qty	Loc Code
ST342	65	
120423	35	
121825	30	

Smb

July-09-12 2:51:26 PM

Shop Packet Print

Page 3

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

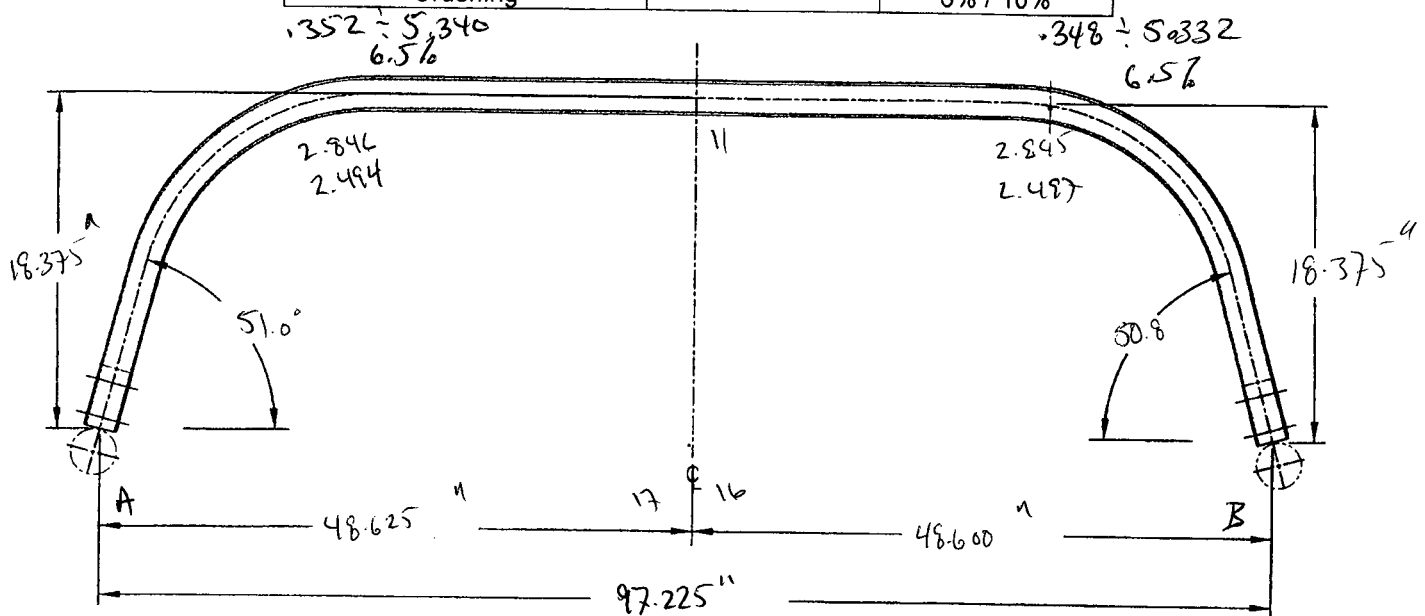
Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

<b>DART AEROSPACE LTD</b>		<b>Work Order:</b>	86935
<b>Description:</b> Crosstube Low Aft (205/212)		<b>Part Number:</b>	D212-664-207
<b>Inspection Dwg:</b> D212-664-247	<b>Rev:</b> B	<b>Page 1 of 1</b>	

Required Dimension	Min	Max
Height	18.16	18.42
1/2 Span	48.55	48.81
Angle	49	52
Total Span	97.1	97.62
Bending Passes	8	--
Crushing	--	6% / 10%



	Side A	Middle	Side B
<b>Bending Passes</b>	17	11	16
<b>Crushing</b>	6.5%		6.5%
<b>Comments</b>			
Side A = 6.5% crushing @ 17 passes			
Middle = 6.1 passes			
Side B = 6.5% crushing @ 16 passes			

QC15 Inspection	DAS 16
Date	17/10/18

Rev	Date	Change	Revised by	Approved
A	08.02.29	New Issue	KJ/JM	
B	10.04.01	Dwg Rev updated	KJ	
C	12.04.16	Added bending, crushing dimensions	KJ	

# Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

Item	Qty -247	Qty -247B	Part Number	Description
1	X		D212-664-247	CROSSTUBE ASSEMBLY (205/212 LOW AFT)
2		X	D212-664-247B	CROSSTUBE ASSEMBLY (214 LOW AFT)
3	1	1	D6008-132	CROSSTUBE
4	2	2	D2940-1	SUPPORT
5	4	4	D3595-063-530	RUBBER CUSHION
6	2	2	D3660-1	CUFF
7	4	4	MS21920-28	CLAMP (OR MS21920-30)
8	44	44	CR3212-4-06	RIVET (OR M7885/3-4-06)
9	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
10	A/R	A/R	SIKAFLEX-241/-291	SEALANT (OR PROSEAL 890 OR MIL-S-8802 CLASS B2 SEALANT)

# GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6008-132  
FINISHED LENGTH = 128.268±0.020 (BEFORE BENDING/TRIMMING)
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1  
PRIME, INSIDE AND OUTSIDE PER DART QSI 005 4.2  
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF  
USING VIBRATING STYLUS.
- 7) WEIGHT: D212-664-247 = 36.6 lbs (PER IIN-D212-664)  
D212-664-247B = 36.6 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) WHEN MACHINING TAPER, RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY. TRANSITION SHOULD  
BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 8 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6%  
BASED ON O.D., EXCEPT UP TO 10% IS ALLOWED IN AREA NOTED.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF  
D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER  
INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE D2940-1  
SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE  
SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS.  
DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE  
UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN.-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS  
NOT BOTTOMED-OUT AFTER TORQUING.
- 16) INSTALL D3660-1 CUFF AFTER CHEMICAL CONVERSION COAT BUT BEFORE PAINT. WITH A LAYER OF  
SIKAFLEX-241/-291 OR PROSEAL 890 OR MIL-S-8802 CLASS B2 SEALANT BETWEEN CUFF AND CROSSTUBE.  
SEAL EDGE OF CUFF TO ENSURE NO GAPS.
- 17) TOUCH-UP HOLES WITH CHEMICAL CONVERSION COAT.

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE

WORK ORDER  
NO. 86935 MLJ  
12/07/10

DEO ATTACHED

REV. 11-614  
11.07.28  
UNDER REVIEW  
UP 11.06.13

RELEASED  
2009-10-29  
MP

B	REVISE GENERAL NOTES/PART LIST: UPDATE TO CURRENT STANDARDS: ADD -247B (ZN C4-2, D5-2)	RF	09.09.30
A	NEW ISSUE	CP	07.07.07
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D212-664-247	SHEET 1 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	CROSSTUBE (205/212 LOW AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2007 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMERCIALISED IN ANY FORM OR BY ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

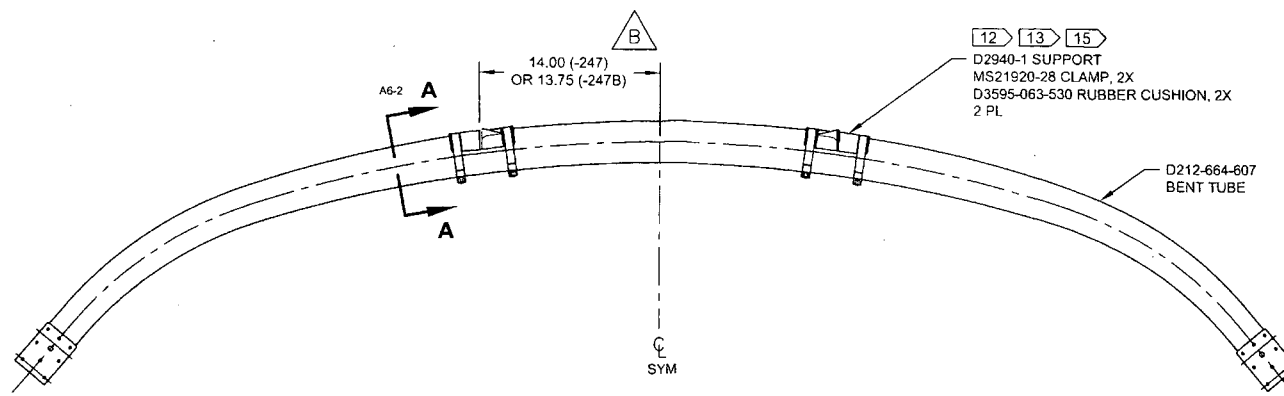
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

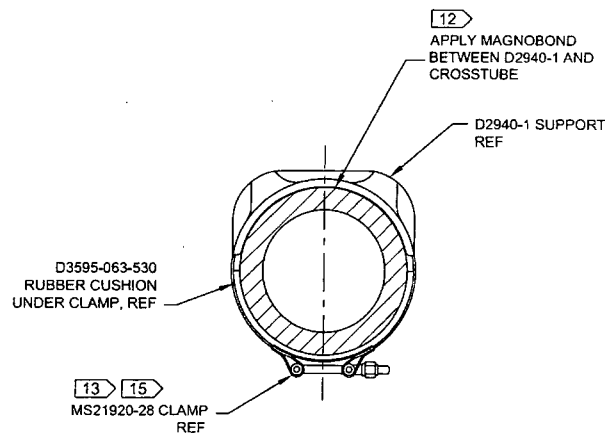
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



**D212-664-247/-247B  
ASSEMBLY DETAIL**



**SECTION A-A** D6-2  
SCALE 4X

DEO ATTACHED

DCN # 11.64  
11.07.28

UNDER REVIEW

**RELEASED**  
2009-10-29

DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D212-664-247	SHEET 2 OF 4
APPROVED	RF	TITLE	SCALE
DE APPR.	RF	CROSSTUBE (205/212 LOW AFT)	NTS
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

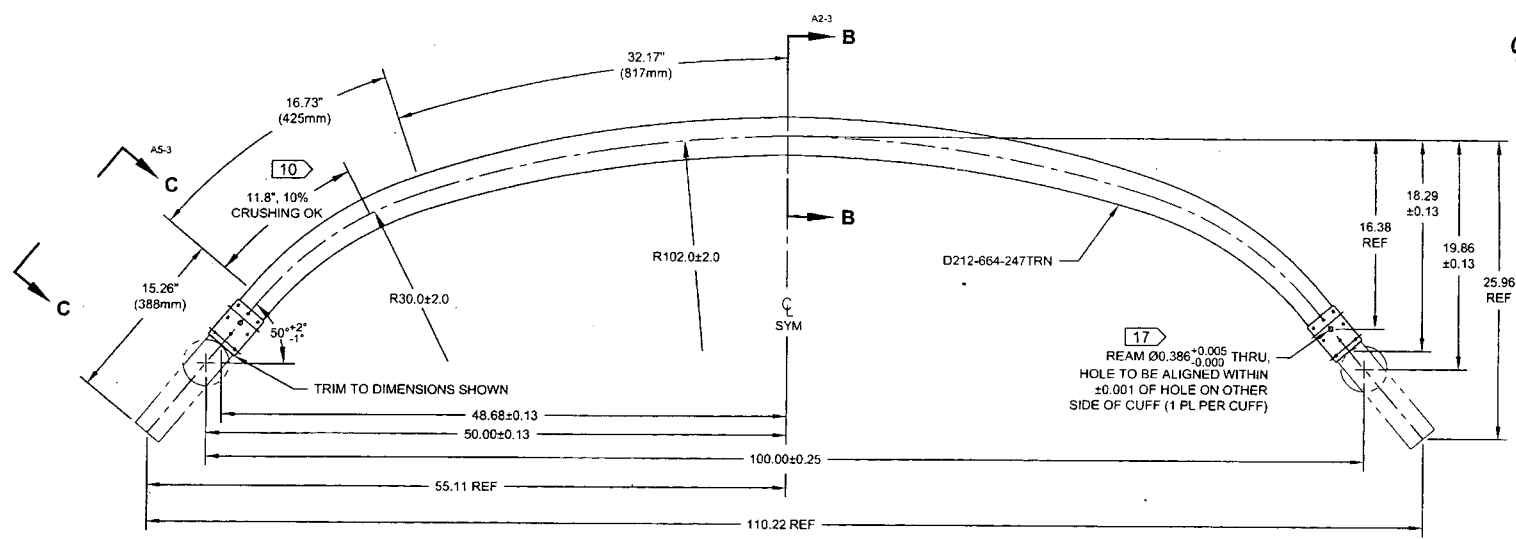
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NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

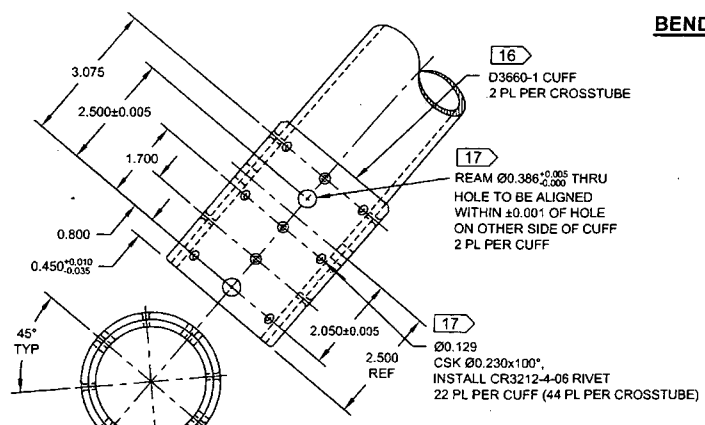
**NOTE:** Date & initial all entries

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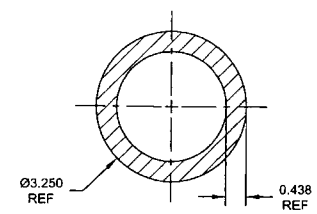
86935



**D212-664-607**  
**BENDING AND DRILLING DETAIL** 10 B



**VIEW C-C: CUFF DETAIL** D7-3  
 SCALE 4X



**SECTION B-B** D4-3  
 SCALE 4X

**DEO ATTACHED**  
**UNDER REVIEW**  
 4/11/06/13

**RELEASED**  
 2009-10-29  
 WJ

DESIGN	97	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	97	DRAWING NO.	REV. B
MFG. APPR.	97	D212-664-247	SHEET 3 OF 4
APPROVED	97	TITLE	SCALE
DE APPR.	97	CROSSTUBE (205/212 LOW AFT)	NTS
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8 7 6 5 4 3 2 1

W/O:		WORK ORDER CHANGES					
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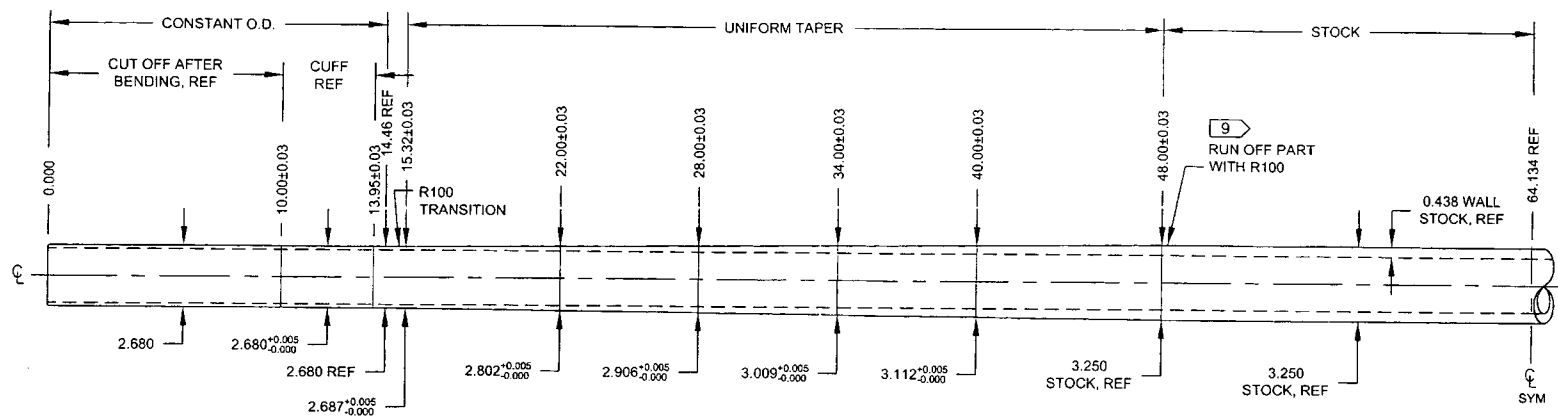
Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

86935



**D212-664-247TRN**  
**TURNING DETAIL**

DEO ATTACHED

11.09.28

UNDER REVIEW

UP 1.08.13

RELEASED

2009-10-29

DESIGN	RF	<b>DART AEROSPACE LTD</b>	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	RF	DRAWING NO.	REV. B
MFG. APPR.	RF	D212-664-247	SHEET 4 OF 4
APPROVED	RF	TITLE	SCALE
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W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

DRAWING NO. D212-664-247	TITLE CROSSTUBE ASS'Y (205 LOW AFT)	REV. B	<b>DART AEROSPACE LTD ENGINEERING ORDER</b>		D.E.O. NO. D212-664-247-B-1	SHEET NO. SHEET 1 OF 1	SCALE NTS
DRAWN <i>q</i>	CHECKED <i>ASS</i>	MFG. APPR. <i>AB</i>	APPROVED <i>MD</i>		DE APPR. <i>MD</i>		
DATE 11.07.15	DATE 11.07.20	DATE 11.07.21	DATE 11/07/21		DATE 11.07.21		

**PURPOSE:**

REPLACE MAGNOBOND WITH PROSEAL.

**CHANGE:**

IS:

Item	Qty -247	Qty -247B	Part Number	Description
9	A/R	A/R	PROSEAL 890 B-2	SEALANT, AMS-S-8802 CLASS B-2

WAS:

9	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)
---	-----	-----	----------------	---

NOTE 12 & 15, SHEET 1 IS AMENDED AS FOLLOWS:

IS:

- 12) TO INSTALL D2940-1 SUPPORT: ABRASE MATING SURFACE OF SUPPORT AND CROSSTUBE WITH 180-GRIT SANDPAPER AND REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY A 0.04" TO 0.07" THICK LAYER OF PROSEAL 890 CLASS B-2 (OR AMS-S-8802 CLASS B-2) SEALANT TO MATING SURFACE OF SUPPORT.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING. **PRIOR TO PACKAGING, RE-CHECK TORQUE ON CLAMPS AFTER PROSEAL 890 SEALANT HAS CURED FOR 72 HOURS.**

WAS:

- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

**RELEASED**  
2011-07-28  
*MD*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

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